

## DTS Self Registration Worksheet

Please complete the information below and provide to the WTU/CBWTU DTS Specialist

<b>General Information</b>	
First Name	
Middle Initial	
Last Name	
SSN	
Gender	
Email Address	
<b>Mailing Address (Home)</b>	
Mailing Address, City, State and Zip/Postal Code	
Home Telephone Number	
<b>Required Work Information</b>	
Civilian/Military Status	
Title/Rank	
Tech Status	
Organization Name	WTU / CBWTU -
Office Address, City, State and Zip/Postal Code	
Time Zone	
Work Hours	
Emergency Contact Name and Phone Number	
<b>Electronic Funds Transfer Data</b>	
Account Type - Checking or Savings	
Account Routing Number	
Account Number (Checking)	
Account Number (Savings)	
<b>Government Charge Card (GOVCC)</b>	
Charge Card Status	
Account Number	
GOVCC Exp. Date	
<b>Additional Work Information</b>	
Printed Organization	
Present Duty Station	
Miles from Office to Airport	
Office Phone	
Office Fax	

Office Mail Stop	
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